										Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										67542F			09/6	75427	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAI		ENTITY	OR	OTHER		
FOR			NUMBER FILED			NUMBER EXTRA			RATI	E	FEE	7	RATE	FEE	
BASIC FEE									345.00		OR		690.00		
TOTAL CLAIMS			10 minus 20=			•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =			• 1			X39= 39.00		OR	X78=			
ML	MULTIPLE DEPENDENT CLAIM PRESENT									+130=			+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL 284°		OR	TOTAL			
CLAIMS AS AMENDED - PART II										•			OTHER	THAN	
						(Column 3)	_	SMAL	L E	NTITY	OR	SMALL			
AMENDMENT A		REM AF	AIMS AINING TER IDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• (0	Minus	••	20	. .~~~		X\$ 9=	-		OR	X\$18=		
	Independent FIRST PRESE	NTATIC	ON OF MI	Minus	PENI		= _		X39=			OR	X78=		
	THO THEOL		711 OI 1810		2.10	CIVI OLDANIA			+130=	.		OR	+260=		
	•			•				_ _	TOTA			OR	TOTAL ADDIT, FEE		
			ımn 1)		(C	olumn 2)	(Column 3)	,				,			
AMENDMENT B		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		= .	İ	X\$ 9=			OR	X\$18=		
	Independent	NTATIO	N OF MI	Minus	Minus ••• TIPLE DEPEND		a .		X39=			OR	X78 <u>-</u>		
						ENT OF AIM	.		+130=			OR	+260=		
								A	TOTA DDIT. FE			OR	TOTAL ADDIT, FEE		
• •		(Colu	.mn 1)		_(C	olumn 2)	(Column 3)	,				•			
5		REM/	AIMS AINING TER DMENT_		PR	IIGHEST IUMBER EVIOUSLY IAID FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	•		Minus	**			Ī	X\$ 9=			OR	X\$18=		
	Independent	٠		Minus	***	:		F		╁		<u>ب</u>			
	FIRST PRESE	NTATIO	N OF MU	LTIPLE DEP	END	ENT CLAIM		-	X39=	1		OR	X78=		
• 11	the entry in colur	nn 1 is le	ess than the	e entry in colum	mn 2	write "0" in coh		L	+130=	\perp		OR	+260=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE T															

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